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	Gerving the recipie of California						Loca	ation No.	мП	
	ECTRONIC FUNDSTRANSFER							Registrat	Mion Date	VШ
See reverse for instructions. Please c		neck appropriate box:			EFT file		_	e Bank A		
SE	CTION I			Ц		nge EF nent Me	ethod	_	Contact	Number
JL	CHONI						=	oloyel Acco		
	Business Name						Pho (ne Number)	_	1 1
	Business Mailing Address (Number, Street, Box Number)									
	Business Mailing Address (City	y, State, ZIF	9)							
	EFT Contact Person				Pho (Phone Number				
	Complete Section II or III below	<u> </u>					<u> </u>			
SE	CTION II									
	☐ ACH Debit									
	The Employment Development D and the bank is authorized to de required by statute or until the Em EFT program.	bit such acc	count. This authority is	to rem	ain in f	ull force	e until	EFT payme	ents are n	o longer
	Bank Name						☐ Teleph	none		
	Bank Address						☐ Perso	nal Comp	uter	
	Bank Account Number		Routing Transit Number				☐ Terminal			
	Type of Account	Checking	☐ Savings					☐ Mainfr	ame Cor	nputer
	Signature		Title					Date		
	IMPORTANT: If you have selected debited. Your check will provide								e accou	nt to be
SE	CTION III		·							
	☐ ACH Credit									
	The Employment Development tiate ACH credit transactions to the NACHA CCD+ format using the Employment Development E	the Employ the Tax Pay	ment Development Dement Convention (TXF	partmo) and i	ent's b	ank ac	count.	These pay	ments m	ust be in
	Signature		Title				Dat	e		

Department Use Only

Return to: Attn: EFT Unit, MIC 15 / Employment Development Department / P.O. Box 826880 / Sacramento CA 94280-0001 / (916) 654-9130 / FAX: (916) 654-7441 DE 26 Rev. 3 (6-96) (INTERNET) State of California / Employment Development Department CU/IBM

Agent or Bank Program Name (If Applicable)

INSTRUCTIONS FOR COMPLETING THE EFT AUTHORIZATION FORM

GENERAL

Please type or print clearly.

To obtain a copy of EDD's EFT Information Guide (DE 27), contact your local Employment Tax Customer Service Office or call the EFT Unit at (916) 654-9130.

SECTION I

Complete all of the blocks in this section.

Please use your eight-digit state employer account number, and **not** your federal I.D. number, when filling in your account number (e.g., 123-4567-8).

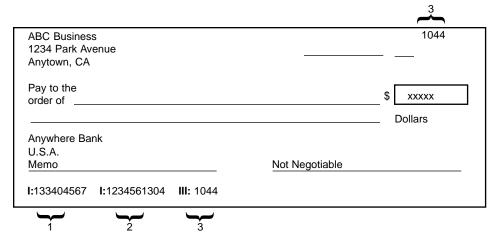
By checking the appropriate box in Section I, you may use this form to:

- register for participation in the EFT program.
- change the bank account you use for EFT transactions.
- change your EFT payment method.
- change your contact person and/or telephone number.

SECTIONS II AND III

Complete one of these sections, not both. Complete Section II if you have selected ACH Debit or Section III if you have selected ACH Credit. Check the appropriate box and complete each block of information.

- ACH Debit A voided check must be attached to the completed Authorization Agreement Form. Your check will
 provide verification of your bank account and routing transit numbers. Use the sample check below to locate the
 bank account and routing transit numbers for your bank.
- ACH Credit If you are using an agent or bank program, please indicate the name on the form. The signature
 name is the person who is authorized by your business to initiate ACH credit transactions.



- Routing Transit Number (requires 9 digits)
- Bank Account Number (not to exceed 17 digits)
- 3. Check Number

IMPORTANT NOTICES:

- 1. Voluntary participation in the EFT program shall be for a minimum of one year.
 - Mandatory EFT filers must continue to file electronically each subsequent year they meet the requirement.
- 2. When you have returned your completed authorization form, you will receive a confirmation letter verifying the payment method you have selected.